The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIX DECEMBER, 1963 NO. 10

Special MEDICO--RELIGIOUS Number

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.
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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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EDITORIAL

OUR MEDICO-RELIGIOUS COMMITTEE

By John J. Bandeian, M.D., Chairman Medico-Religious Committee, H.D.M.S.

In their daily ministrations to the sick the physician and the clergyman have one interest in common — the patient. In order to effect a cure in a bodily ailment the physician often is called upon to delve into the spiritual and religious needs of his patient. Without meeting these needs, complete cure is seldom if ever possible. The clergyman, likewise, prays that his parishioners always maintain the best of health. Rev. Paul B. McCleave, Director of the Department of Medicine and Religion of the American Medical Association, states that where sickness and suffering are concentrated, spiritual needs are felt more acutely. Recognizing this need of both the physician and the clergyman in treating man, the American Medical Association established in September 1961 the Department of Medicine and Religion "to advance - - - the improvement of total care of the patient. The purpose of this new department is to bring together physicians and clergymen of all faiths for the study and discussion of their problems and common concern of the total welfare of the patient - - - . The purpose of this program is to help everyone recognize that man in his total being requires the aid and assistance of all who are available for total health."

From the dawn of civilization until the Age of Enlightenment, medicine

and religion were administered by the priests. During and following the Renaissance there was a separation of the two professions. In recent times, and especially in the past 50 years, medical science has made tremendous advances but we still have to delve into methaphysical spheres to explain some clinical manifestations. This has been especially true in the field of psychiatry. Dr. John M. Billinsky, Professor of Pastoral Psychology and Clinical Training at Andover Newton Theological School, states that it was the medical profession, headed by the late Richard C. Cabot and Walter B. Cannon of Harvard Medical School, which called for a closer cooperation between medicine and religion, pointing out that it was not enough to heal man's wounds, for man himself, the whole man, must also be healed. Dr. Billinsky quotes Dr. Cannon that " . . . . as far as the patient was concerned, every illness was spiritual in its nature, and that, apart from the patient, illness had no meaning at all." These authors conclude that since the state of health in a patient is affected by his physical, mental, spiritual, and social make-up, illness in any one of those areas may affect any or all of the remaining areas.

In 1961 the A.M.A. established the Department of Medicine and Religion. In charting the course of this department the A.M.A. sought advice and guidance from many sources, and especially from the leaders of the various faiths. When our District Society organized about two years ago the Medico-Religious Committee, it followed a similar pattern. As a result, our committee includes not only physicians but also clergymen representing the three major denominations in this area. In our monthly "workshop" meetings, specific problems are presented and discussed by the several members. Each one outlines the particular Medico-Religious philosophy of his own religion. Much has been accomplished. It is hoped that by next January or February we will be ready to present a Medico-Religious panel, including guest clergymen, before our entire Society membership.

In the meantime, we are grateful to our spiritual committee members for their willingness to outline the philosophy, customs, and traditions of their respective religions. It is hoped that their articles, which appear elsewhere in this issue, will be read and studied carefully by every member of our Society.

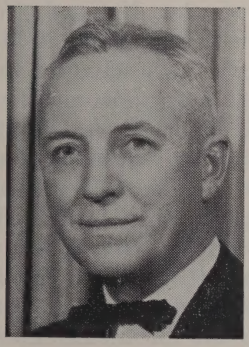
#

JOHN F. KENNEDY

The Hippocrat rarely comments on matters not related intimately to the practice of medicine, but the tragic event of November 22 must not go unnoticed. At 1:00 p.m. on that day an assassin's bullet brutally terminated the life John F. Kennedy, the 35th president of the United States.

Organized medicine didn't always see eye to eye with President Kennedy on legislative health measures. But this, needless to say, is totally irrelevant. No American is ever expected to share all the opinions of his leadership. However, what does seem relevant and appropriate at the moment is that we extend our profound sympathy to the bereaved family, and that we join our nation in mourning the loss of a president who, in the words of the N.Y. Times, projected to the world his own and his country's " . . . deep concern for humanity, for freedom and for peace."

President's Page



Season's Greetings

It is my pleasure at this time of the year to extend to all the members of our District Society and their families,

A

Very Merry Christmas

and

A Most Happy New Year

Martin B. Murray, M. D.

THE SPRINGFIELD SELF-STUDY PLAN

by a Member of its Executive Committee
John W. Turner, M. D.

Springfield was selected recently as one of twenty cities to conduct a self-study of area medical services. The general plan is to have cities of varying sizes study their medical services other than private practice of medicine. This is in no way a federal project. Mayor Ryan became interested in this possible study and after much discussion and organization of funding of the self-study, an application was made, and this city along with several others, was one of the early selections. (See Hippocrat, Sept., 1963.)

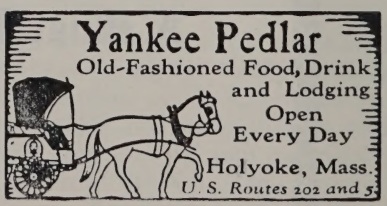
In general, an effort will be made to gather a great deal of information about medical services in the Springfield area, principally by voluntary cooperative participation of many individuals of various interests. At the first meeting of the Executive Committee, three physicians, Thomas Sexton, M.D., Chief Medical Director of Massachusetts Mutual Life Insurance Company, Omar T. Pace, M.D., and John W. Turner, M.D. participated. After a profile study and coordination of available statistical information, additional studies will be undertaken to identify adequacy, or inadequacy, of existing community health services. There will be an effort to anticipate additional needs for the foreseeable future. There will be a recommendation as to priority of health goals for the community. Later, programs will be planned to achieve the goals. Then there will be an effort to implement plans.

As a part of the participation in this program, it is anticipated that consultation be provided from funds created by grants derived from the Kellogg Foundation and other sources. The Chairman of the Board of Commissioners of the National Committee of Health Services, Inc. is Marion D. Folsom who was active in the Eisenhower administration and has served as an executive of the Eastman Kodak Company. Milton Eisenhower, President of Johns Hopkins University, is a member of the Board of Commissioners. This board includes Dr. Herman E. Hilleboe and Dr. Leroy E. Burney.

As doctors of medicine, it would seem that we should strive to identify any unrealistic interpretation of the very complex factors to be considered in a study of this scope. A worth while goal might be to strive at all points for unvarnished truth and to strive for avoidance of personal bias by any of the study members.

No study of the private practice of medicine is planned in this connection but cooperation and suggestions from physicians and dentists will be sought and welcomed in the course of the year ahead.

In recognition of the current interest it was voted at the first meeting of the Executive Committee to offer every possible cooperation in connection with planning for the proposed University of Massachusetts Medical School.



THE LAST SACRAMENTS ADMINISTERED TO A DYING CATHOLIC

By Rev. Joseph A. Russell, Director of Hospitals
Diocese of Springfield
(Member, Medico-Religious Committee)

From Sacred Scripture we know that Almighty God, when creating our first parents, endowed them with an immortal soul together with supernatural and preternatural gifts. Through the sin of our first parents these gifts were lost to mankind, but through divine mercy mankind was given another chance and God promised man that He would send into this world a Redeemer Who would satisfy Divine Justice. His Divine Son, Jesus Christ, accomplished this through His death on Calvary and during His life here on earth instituted the seven Sacraments as channels of receiving sanctifying grace, whereby through the worthy reception of these Sacraments we are restored to a supernatural life.

Ordinarly, we use the expression "Last Sacraments" in reference to the Sacrament of Penance or Confession of one's sins to the priest by a dying person, Holy Communion received as Viaticum, and the Sacrament of Extreme Unction. More recently, the latter Sacrament is called "the Sacrament of the anointing of the sick."

The individual attending a sick person realizes that the patient is often weakened in his mental powers, as well as in his physical strength. There is the constant battle to maintain a Christian resignation to suffering. Certainly, the sick person has a difficult spiritual battle to fight and, in his weakened condition, the need for spiritual aid is indeed great.

The soul approaching death is nearing the most solemn moment of its existence. It needs all possible spiritual aid to combat the final temptations of this life and to maintain itself in the state of sanctifying grace. No conscientious person would ever allow a patient, through his or her negligence, to die without all the spiritual help that could be given to him.

When a doctor, in caring for his patient, recognizes that the patient is critically ill or in danger of death, he has the obligation to notify a responsible member of the family of the seriousness of the patient's illness. If this patient is a Catholic, the doctor has the further obligation to inform the responsible member of the family that a priest should be called in to administer the last sacraments.

To their everlasting credit, the members of the medical profession are to be highly commended for the admirable manner in which they have carried out this obligation. Actually, the baptized Catholic in danger of death is solemnly bound by both Divine and ecclesiastical law to receive Holy Communion. Needless to say, should the patient be delirious or nauseated, it would not be fitting to administer Holy Eucharist.

In order to receive the Sacrament of Extreme Unction, three conditions must be verified: a) the patient must be a baptized Catholic, b) the patient must have had the use of reason, and c) the patient must be in danger of death from sickness or an accident. How grave must the danger be in order to justify the administration of Extreme Unction? All that is required is that there be a probable danger of death. The probability must, of course, rest on solid grounds, but a man may be in probable danger of death even though the likelihood of his recovery is more probable even if death is not expected in a matter of hours. Whenever a patient's condition is so serious that there is a reasonable expectation that it may produce death, he is capable of receiving Extreme Unction.

Frequently, the priest and the doctor in their respective spiritual and professional administrations attend a patient who is a victim of a terminal illness. The question often arises is this: Should the patient be made aware of the seriousness of his illness and when should this be done? To reach a satisfactory answer to this question, and at the same time exercise prudence in this particular case, the priest and the doctor attending the patient can and should be mutually cooperative and helpful. It is imperative that the Last Sacraments be administered, if possible, while the patient is conscious. The very prevalent attitude among many that the priest should not be called to administer the Sacrament of Extreme Unction until death is imminent should be eradicated. When this happens, a grave injustice is done to the spiritual welfare of the patient. The patient is deprived in this case of the many spiritual benefits and aids ordinarily gained through the administration of the Sacraments when consciously received.

The well informed Catholic realizes that there is no lasting city here on earth; that God has created him to live on earth for a time only and that He has planted in man's soul to desire to live forever with God in Heaven — the only place where he will find perfect happiness. Hence, a Catholic welcomes the priest on such an occasion. For he realizes that the priest comes to him as God's representative to administer the Sacraments — the channels of sanctifying grace by which he is spiritually fortified on his journey to his eternal home.

Oftentimes, the priest and the doctor in the conscientious fulfillment of their calling receive little human consolation. However, we who have been blessed with the gift of Faith find great comfort in the realization that in the conscientious fulfillment of our duties to the dying, we are co-workers, priests and doctors, and instruments of God in helping precious human souls attain their eternal goal. Nothing could be more rewarding!

"Life is short, the Art long, occasion sudden, experience fallible and judgment difficult. Not only must the physician show himself prepared to do what is needed; he must make the patient, the attendants, and the surrounding circumstances cooperate with him." —Hippocrates

SOME NOTES ON THE DOCTOR AND RELIGION

By Rabbi Samuel H. Dresner
Beth El Temple, Springfield
(Member, Medico-Religious Committee)

The doctor, Jew or Christian, needs a much more definite awareness of his own distinctive vocation than he has frequently shown in the past. It is clear that this involves much more than that he should be efficient, conscientious and unselfish, as those virtues are understood according to the standards current in the profession in his own time, which is certainly not to suggest that these are virtues which are lightly to be esteemed.

It involves more than that he should possess, in addition to those virtues, a well-defined attitude to the important medical moral issues. It involves the acceptance of at least three relatively new responsibilities on his part. The *first* is that he should strive to see his whole task as a doctor in the light of his faith and to discover how his attitude to his task is controlled by those religious insights into the nature of life and death and suffering. *Secondly,* he must defend his profession against the attitude which regards medicine simply as a technique which need not concern itself unduly with its moral implications. *Thirdly,* he must recognize that the social framework in which he operates as a doctor cannot be taken for granted but must constantly be submitted to critical examination if he is not to slip unconsciously into profitless activity or to miss an opportunity of doing useful work.

The average busy doctor may feel on reading this that this is making impossible demands on his already overcrowded life. No one will pretend that it is easy and the doctor may legitimately complain that very little guidance is available in the church or synagogue to help him in trying to do it. At the same time, it is not impossible, for what it demands is not so much more time and energy or any spectacular new activities, but a different way of looking at familiar tasks. But it will be immeasurably easier for the faithful doctor if he possesses the fellowship, advice and cooperation of others engaged upon the same enterprise. Indeed, without such help he may very well find that he is unable to sustain it.

"Medical Practice is not knitting and weaving and the labor of the hands, but it must be inspired with soul and be filled with understanding and equipped with the gift of keen observation; these, together with accurate scientific knowledge, are the indispensable requisites for proficient medical practice."

—Maimonides

MEDICO-PRESS CONFERENCE IS HELD

On Wednesday, November 20, a joint conference between representatives of the H.D.M.S. and those of the various news media in the district, met at the home of Dr. W. W. Byrnes, Public Relations Councilor of the District Society. Each side presented its problems and many questions were raised and answered. The general feeling prevailed that much was accomplished by way of obtaining a clearer understanding of each other's problems and how they may be solved. Publicity and coverage of the forthcoming polio project of the H.D.M.S. was assured by the representatives of press, radio, and T.V. A similar medico-press conference is scheduled for some time in February. Representing the news media were Sy Becker (WACE), Budd Clain (WSPR), Roy Dykstra (Springfield Union), Dick Garvey (Daily News), Walter Graham (Republican), Ken LeMere (WMAS), Robert E. Moynihan (Holyoke Transcript-Telegram), William Putnam (WWLP), and Nelson Tetreault (WHYN). Representing H.D.M.S. were Drs. Murray, Byrnes, Memery, Millman, Miner, Turner, and Mrs. Purdy.

Mrs. Byrnes was a most gracious hostess.

MEETING DECEMBER (3) HIGHLIGHTS

Place: Oaks Steak and Rib House, Springfield . . . Attendance 179; Reservations 198.

Business meeting, this time, is held before dinner . . . President Murray calls meeting at 6:10 p.m. . . . Chairman Pokorny's resolution in behalf of Public Health Committee relative to the mass adult polio program to be held in the spring, is approved . . . Brief discussion of Mental Health Program is held . . . Business meeting is followed by social hour and very fine roast beef dinner. . . .

At 8:45 p.m. meeting is resumed with announcement that "surprise" portion of program will be devoted to honoring Dr. Allen S. Johnson, President of the M.M.S. . . . Chairman of Program and Master of Ceremonies is Dr. John J. Bandeian . . . Participants are Drs. Allen G. Rice and Howard N. Simpson . . . Complete description of this portion of meeting, including photographs, will appear in January issue. . . .

COMPLIMENTS

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Springfield

DR. GREENSPAN IS ELECTED

On November 19 the Executive Committee of the District Society elected Dr. Joseph B. Greenspan Secretary and Business Manager of the Hippocrat, replacing Dr. John E. Leary, resigned (Hippocrat November, 1963).

The post to which Dr. Greenspan has been assigned is difficult and exacting. The business end of our bulletin has become very demanding in recent years. Fortunately, Dr. Greenspan has had more than a year's experience as Assistant Secretary and Business Manager. Fortunately, also, he is capable and conscientious. Most of all he is very enthusiastic about the future of the Hippocrat and its service to the Society. The Board of Editors, therefore, welcomes Dr. Greenspan with warmth and with confidence.

THE PROBLEM OF IMPATIENCE

By Reverend Clayton J. Steele
South Congregational Church
(Member, Medico-Religious Committee)

It is an old adage, "Patience is a virtue, seldom in a woman and never in a man!" In sickness and in health impatience ranks high as a disturber of human equilibrium. One of the greatest problems physicians and clergymen have to deal with is impatience. Impatience quite often grows out of the peculiar nature of man to be overconfident of his own resources and, as a hospital patient, it comes at a time he is least able to prove it! It becomes a double problem and an awkward situation when the patient projects his feelings of impatience as guilt, rebellion or a complete rejection of the best that can be done for him. How often we have heard the patient complain, "I'm not making progress at all," or, "The doctor doesn't tell me anything." No doubt the physician has heard the non-medical question, "What have I done to deserve this?"

Two things seem to be most urgent and particularly important when the patient's uneasiness about his own recovery takes the form of emotional involvement leading to a concern that is all out of proportion to the normal recovery pattern. First, it seems logical to assume that the attending physician can alleviate a great deal of emotional distress of the patient by informing him of the nature of the illness, duration and any irregularities the patient might expect in his own case. The silent treatment may save a lot of time but may, according to the degree of emotional stress, extend the illness. Healing is an attitude as well as medicine and surgery. Patients are persons as well as a disease with a record of diagnosis and treatment. Healing is as much what a patient thinks about himself and how he feels as what others think about him and do for him. A patient needs a chance to do more than worry and wait.

Secondly, the clergyman has an important role to play in the problem of impatience if he possesses those spiritual qualities that will lead the patient to experience his confidence. Somewhere in the clergy-patient encounter the Scriptural wisdom has a practical application, namely, "that the trying of your faith worketh patience." The clergyman, most of all, needs to help the patient find a working base for faith and motivation for courage. Faith eliminates doubt and establishes a new sense of trust in others and what they are endeavoring to do for him. Courage turns negative feelings into the active and positive ingredients of mental health. It is precisely at this point that the clergyman can supply the spiritual climate to induce a healthy attitude toward God's own time in the healing processes.

Finally, it appears that the basis for physician-clergyman understanding and cooperation is the welfare of the patient. To the patient in the emotional distress of impatience the degree of harmony expressed in the physician-clergyman team can and ought to be the most reassuring factor.

PERSONAL RELIGION AND POSITIVE HEALTH

by Gary deN. Hough, III, M. D.
Member, Medico-Religious Committee

Whenever physicians consider the impact of religion on medicine, the discussion quickly turns to those areas where the healing art has lost its power—incurable disease, terminal illness, and death. Most thinking men will admit that spiritual faith is indispensable at such times. I would prefer to advance the concept that the Judeo-Christian tradition primarily teaches us a better way of life rather than a better way of death and the treatment of some illnesses requires recourse to this tradition.

All of us recognize a type of patient who drifts from one sympton to another, rarely acutely sick and never really well. Other cases have compensated adequately until faced with an injury from which they continue to suffer beyond a normal convalescent period. Although these persons can be psychiatrically classified, many of them do not warrant a diagnosis of mental illness, and only the most severely incapacitated profit from specialized psychiatric care. Our materialistic society fosters this type of disability with Workmen's Compensation Laws, prolonged civil litigation, and prepaid medical insurance. Modern medicine has failed to provide for these patients, or worse yet, subjects them to expensive investigation to rule out serious organic pathology. No specialty group focuses on their problem, yet no specialty is exempt from their problems, yet no specialty is exempt from their demands. They call loudly for the good old family doctor, and spend their money on quacks and patent medicines.

If health is something more than the absence of diseases, then our responsibilities to such patients extend beyond the statement that nothing is wrong with your . . . (back, stomach, bladder, etc.). Somehow, we should find a way to motivate these people to a better level of equilibrium with their environment. A technique for converting these half-sick patients into truly healthy individuals would rival the antibiotics in social value.

It is pertinent to contrast these patients with individuals who have been afflicted with chronic illness and permanent disability without losing their self-reliance or emotional independence. What permits some patients to accept handicaps without compromising their functional efficiency? Somehow these individuals acquire a positive attitude towards living which minimizes symptoms and prevents disabililty. Such an attitude is not limited to the handicapped, but is more easily identified there. The development of such an approach to life is clearly within the realm of religion and ethics, and

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the rehabilitation of persons with defects in the sphere is a proper concern of both medicine and religion.

May I emphasize that I am not discussing the treatment of the mentally ill, nor am I proselyting my own personal religious tenets. I am considering instead, a large group of patients whose symptoms might be attributed to a deficiency disease — a lack of idealism. To combat this syndrome and the materialism which fosters it, we need something better than platitudes and tranquilizers. I feel that the antidote for this deficiency is compounded of both medicine and religion. I feel that both physicians and theologians can improve their formulation of this antidote by mutual discussion of the clinical manifestations of this deficiency state. I hope that the Medico-Religious Committee will consider both dosage schedules and routes of administration.

WELCOME DR. CRAWFORD!

Dr. Howard R. Crawford has been officially transferred from Suffolk District to Hampden. Address is 120 Maple Street, Specialty: Orthopedics.

COMPLIMENTS

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In 1959, Pfizer introduced an improved high-potency Salk polio vaccine and rapidly became one of the largest suppliers of this material.

Company virologists, meanwhile, had been working with Doctor Sabin on oral polio vaccine. By the end of 1961, Types I and II had been licensed and they were followed by Type III early in 1962.

Research on a measles vaccine had also been in progress, based on the achievement of John Enders and his associates in isolating the virus and in developing the original tissue culture methods needed to grow the virus in quantity. Four years of intensive research bore fruit in March, 1963, with the licensing of a killed-virus measles vaccine. Behind it were two years of clinical testing covering more than 17,000 children in nearly 100 cities.

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*Two new strains added in 1963, on the recommendation of the U.S.P.H.S.

Under Government contract, research is now being pressed toward the development of vaccines for a number of respiratory infections, including the common cold.

There are additional projects on infectious hepatitis and the development of viral antigens and antisera for reference standards. These and other programs are part of over-all Pfizer research dedicated to the development of new and effective means of preventing disease.

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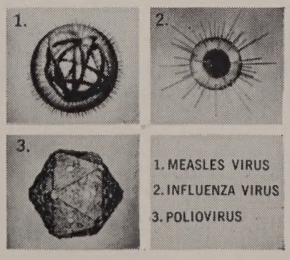

MEETING THE EMOTIONAL NEEDS OF THE PATIENT

by Harry H. Michelson, M.D.
Member, Medico-Religious Committee

There is little doubt that much of the therapeutic success of our profession is due to the undefined emotional rapport between patient and physician. The most common psychological factor we encounter in the sick is anxiety, which may stem either from the realistic external world or from impulses within the individual. The patient's conscious fears may relate to the danger of chronic invalidism, fear of pain, economic reverses, and postponement of important plans. He may also worry about the surgeon's skill and the expense involved. The anxiety, due to deep seated emotional problems is often highly complex in origin. For the non-psychiatrically trained physician it is best to limit his attention to the patient's conscious feelings even though the doctor may be aware of the presence also of unconscious factors. The art of listening, although time-consuming to the busy practitioner, is often more beneficial in the relief of tension and anxiety than the instant formulas or clinches often offered for the relief of emotional conflicts. It is surprising how frequently the patient achieves understanding and clarification of surface problems by the mere opportunity to talk. Anxiety is also reduced by objective understanding, empathy, patience, cautious explanation, and equanimity in the face of the patient's crisis. We must keep in mind that illness, accidents or surgical procedures are a threat to personal integrity. The patient's response will vary according to his personality, his background, and the meaning he attaches to his illness. The course of his illness may depend very much on our understanding of his idiocyncrasies and his past pattern of reactions to stress.

In our search for anxiety-reducing means for the physically ill, the care of the patient's spiritual needs can be of immeasurable therapeutic benefit. For a great many spiritual advisors, the knowledge of pastoral psychology has become a valuable tool in dealing with the physically ill. It is true that many people cannot accept the gratification and comfort of religion and are, therefore, resistive to ministerial counseling. However, whenever possible or when indicated, the physician should mobilize the help of the clergy. The results of such counseling will be gratifying provided the patient agrees to it without reservation. The clergyman, from whom such advice is sought, may have a substantial effect on the course of the patient's illness. The spiritual adviser should use the patient's religious faith as a supportive measure and not probe deeply into the psychological origins of his reactions to physical stress. As physicians we should be aware of the fact that many clergymen are often better acquainted with the patient's background, his family inter-relationships, and his past adjustment patterns, than we are.

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ACADEMY

At the January 14 meeting of the Springfield Academy of Medicine the speaker will be F. William Sunderman, M.D., Clinical Professor of Medicine, Jefferson Medical College of Philadelphia. His topic will be "Advances in Diagnosis by Newer Chemical Procedures." The clinical conference will be held at the Springfield Hospital, 5:00 p.m.

At the February 11 meeting the speaker will be James K. Alexander, Associate Professor of Medicine, Baylor University College of Medicine, Houston, Texas. His topic will be "Obesity and the Circulation." The clinical conference will be held at the Wesson Memorial Hospital, 5:00 p.m. This meeting is being co-sponsored by the Western Chapter of the Mass. Heart Association.

A QUOTE OF NOTE

"Son, when thou fallest sick, do not neglect thy own needs; pray to the Lord and thou shalt win recovery. Leave off thy sinning, thy life amend, purge thee of all thy guilt. With frankincense and rich oil make bloodless offerings of meal; and so leave the physician to do his work. His task is of divine appointment, and thou hast need of him; let him be ever at thy side. Needs must, at times, to physicians thou shouldst have recourse; and doubt not they will make intercession with the Lord, that they may find a way to bring thee ease and remedy, by their often visiting thee. Offend thou thy maker by wrongdoing, much recourse thou shalt have to physicians."

Ecclesiasticus 38:1-15

SEMPER SURSUM

By DR. EDWARD P. BAGG

(Third Installment)

Mention of pathology may serve as a reminder to include an anecdote concerning the florid Dr. J. Homer Wright who commanded the house of morbid anatomy on Allen Street, notoriously short of temper and vitriolic as to epithets. The memory still is vivid of one assignment given me to determine a 24 hour amount of sugar excreted by a patient. The numerous specimens of course required the use of a large container — too large to stand upright in the incubator. After a cake of yeast had been added and the cork inserted, the carboy was placed on its side and the door shut against the stopper. By morning the sugar should have been fermented away and the difference in specific gravity c'd be calculated. Next morning the quietude was shattered by a horrific roar when the Professor entered the lab and lifted the latch on the incubator.

The amazing advances in pathology that have accelerated in the twentieth century were due to enthusiastic researches of dedicated men like Dr. William Osler, who once in the early years at Baltimore was reported to have tested his landlady's patience by depositing a dead horse in her second floor bathtub. Once during my internship it fell to my lot, as service pup, to hand Dr. Osler in the library of the M. G. H. a clinical chart, written up by young Reginald Fitz as senior. He read the whole record with care, then handed it back to Reggie with a smile and a compliment for the beautiful penmanship. The splendid Osler biography, let me add, written by Dr. Harvey Cushing, one of his associates, was all the more inspiring to me because of this brief contact with one of Medicine's immortals.

Another source of inspiration was centered in the Allen Street pathology headquarters, over which a red-faced, irascible individual presided, Dr. J. Homer Wright. The pups from all the services began the daily work with urinalyses and other such tests that had to be entered on each chart before the morning visits. Researches, such as cultures of the intestinal flora that I had done with Arthur Kendall on the Floating Hospital, and the early work with blood cells conducted by my junior interne, George Minot, also were done in that laboratory. I recall vividly that the latter collapsed on the pavement one morning as we crossed from the wards to the Allen Street building. George Minot's achievements and subsequent winning of the Nobel prize for the discovery of a remedy for pernicious anemia were all the more remarkable when it was revealed that he himself had also discovered that his

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early collapse had been due to severe diabetes that required the strictest of diets for all his remaining years. And we, his coevals, had wondered how anyone could confine his entire attention to the study of blood cells!

One other memory of Allen Street and the irascible Prof. Wright is too deeply graven on my memory for erasure. I shall be forever grateful to an ever-watchful Providence in permitting the red-faced martinet, to whom we all in fact were devoted, to escape with his life and undimmed eye-sight from my unthinking machinations. It is a fact that his only sequelae were a somewhat deeper shade of florid complexion, and a questionable increase in digital tremor. To carry out my assignment of determining the amount of sugar in the twenty four hour specimens of urine required a large container and a cake of yeast for fermentation under incubation. The difference in specific gravities before and after would provide the answer. But the carboy had to be placed on its side and the door jammed shut against the cork.

Next morning after lighting up his first Lucky Strike the Professor of the day proceeded to lift the latch of the incubator in question. The deathly quiet of Allen Street was blown to smithereens along with the heavy glass container, and hot liquid converted a speechless pathologist and his spotless laboratory into a veritable Augean stable with Hercules himself engulfed. Fortunately, the detonation effectively stifled human comments. By the time that the splinters had been picked out of his face, J. Homer, finding that he could see and breathe, lit another Lucky and pointed out to me a few basic facts of physics. He may have added a few lines to his personal Iliad, but he allowed me to stay on, and to try another sugar test.

It is difficult for both Jim and me to understand how house officers of today can undertake concomitant careers in matrimony and do justice to all concerned, more particularly the patients. As a matter of fact, they will never know what a privileged institution the oldtime house officers' flat had become by the year 1912. Eighteen or more individuals were housed in apartments surrounding a large living room, well away from wards and over areas that were used only by day,- such as the Zander Room in the M. G. H. where curious Swedish rehabilitative maneuvers took place in the day time. What a beehive of activity!

(To be continued)

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COMING EVENTS

HAMPDEN DISTRICT MEETING, FEBRUARY 4, 1963

EXECUTIVE COMMITTEE MEETINGS, DEC. 17, 1963 and JAN. 21, 1964

COUNCIL OF THE M.M.S., FEBRUARY 12, 1964

SPRINGFIELD ACADEMY OF MEDICINE, JANUARY 14, 1964

SEMINAR on THE CARDIOVASCULAR SYSTEM, Miami Beach, Fla., JAN. 5-8

TWELFTH ANNUAL SYMPOSIUM on BLOOD, Rochester, Minn., JAN. 17 & 18

M.M.S. ANNUAL MEETING, MAY 19-21

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21-25

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29-DEC. 2

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WHITE CAP BALL

L. to R. Mrs. William Coons, Mrs. James G. Fitzpatrick, Mrs. Walter Mozden, and Mrs. Robert J. O'Brien.

On November second, members of the Woman's Auxiliary to the Hampden District Medical Society, their husbands, and guests, attended the eleventh annual White Cap Ball which was held this year at the Schine Inn. The ballroom was transformed by fountains, lanterns, a grass hut, palms, and shells, into a South Seas Paradise. Committee members greeted guests at the door and presented them with beautiful leis of orchids flown in for the occasion from Hawaii and displayed handsomely on a decorative tree at the ballroom entrance. A buffet of delicious Hawaiian and Polynesian foods was served from 8 to 9:30, after which dancing was enjoyed until midnight, to the rhythms of the "Hawaiian Aires". During the evening an original film, "A Doctor's Day" was shown. Arrangements for this delightful party were made by Mrs. Walter Mozden, chairman, and Mrs. William E. Coons, co-chairman. Proceeds from the affair, termed a resounding social and financial success, will provide scholarships for deserving area students in nursing and allied fields.

Final arrangements for the Holiday Membership Tea of the Auxiliary have been announced by Mrs. Joseph Angelica, Chairman. The annual affair will be held this year at the home of Mrs. Robert J. Moriarty, 55 Riverview Terrace, Springfield, on Tuesday, December 3 from 1:00 to 3:30 p.m.

A special feature of the afternoon will include a reception for new mem-

bers. Among those to be welcomed into the Auxiliary are the following: Mrs. Aaron Burkin, Mrs. Bernard Gotlib and Mrs. Alvin Keroack of Springfield; Mrs. James Siragusa of West Springfield; Mrs. Lowell Bellin of Longmeadow; Mrs. John Callan of Palmer, and Mrs. Eugene Synder of Chicopee. On hand to greet the auxiliary members and their honored guests will be Mrs. Charles Diamond, President of the Auxiliary and Mrs. Emanual Wiedman, President-elect.

Pouring at the tea will be Past-Presidents of the Auxiliary. These will include Mrs. Martin F. Gaynor, Indian Orchard; Mrs. Alfred M. Glickman, Springfield; Mrs. Harry Baker, Holyoke; Mrs. Aldo J. Leani, Longmeadow; Mrs. George L. Ross, Holyoke; Mrs. William J. Devlin and Mrs. Elmer F. Franseen, Springfield; Mrs. Arthur E. Gramse and Mrs. Charles S. D'Avanzo, Longmeadow, and Mrs. J. W. S. Hartshorn, Jr., Springfield.

Assisting Mrs. Joseph Angelica will be Mrs. Silvano Macchiaroli. Entertaining at the afternoon tea will be Mrs. Jayne Slate of the Accordion Studios, West Springfield, performing on the Cordovox.

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DIABETES DETECTION WEEK

The week of November 17 - 23 was observed throughout the Nation as Diabetes Detection Week. Sponsored nationally by the American Diabetes Association, the Hampden District Medical Society co-sponsored the local drive together with the Springfield Public Health Department and the Springfield Druggists Association. This was the third such drive in this area.

During this week a program of publicity was carried out via all media. The public was invited to participate by sending to the Society a Dreypak filter strip which had been dipped into a urine specimen and allowed to dry. This filter strip was tested by students of the Springfield Trade High School under the supervision of the members of the medical sub-committee. At the present time, 1826 tests had been made and 74 positive tests had been recorded. Reports of all tests will be sent to the participants and the positive results will be reported both to the individual and to his physician. The Auxiliary has assumed the responsibility of the clerical work involved in sending these reports.

On the basis of numbers alone, this drive can be considered as a successful effort. For the second time the drive included all the communities represented in the District Society. This campaign is for detection and education—to detect the unknown Diabetic, to alert the public to the manifestations of the condition, and to remind the unknown Diabetic of the need of continuous care and medical supervision.

Louis A. Izenstein, M.D.,
Chairman, Sub-committee on Diabetes

CORRESPONDENCE

JOIN THE ACADEMY!

Dear Hippocrat:

The Springfield Academy of Medicine is a scientific organization serving the medical and dental professions of this area. The Academy has two basic purposes. The first is to maintain an up-to-date medical library. Its spacious quarters, located at the Springfield Municipal Hospital, house 6,000 books. In addition, no less than 125 different journals are received and most of these are bound in volumes for easy reference. These facilities are available not only to our profession but also to schools, colleges, and industry of Western Massachusetts. The library offers also, for the minimal fee per page, photostatic copies of any publication it owns, and will borrow for you from the Boston Medical Library any book not stocked on its own shelves. It has a full-time librarian, Mrs. Grace Flanagan, who is always glad to assist you in any way possible.

The second function of the Academy is to provide post-graduate education in the form of nine monthly scientific programs that are divided into two parts. The first part is a clinical conference held at a local hospital at 5:00 p.m. when cases are presented and discussed. The guest lecturer is always an outstanding authority from one of the medical schools in the United States. After the clinical conference there is a dinner held at the Colony Club which any member of the Academy may attend. All it requires is a telephone call to the Academy (RE 4-5445). At 8:30 p.m. a formal lecture is given at the Municipal Hospital Auditorium on some timely topic. A question and answer period concludes the meeting.

The main reason for writing this letter is to invite every qualified physician to fulfill his responsibility to his profession and to his community by applying for Academy Membership Application blanks may be obtained by simply dialing RE 4-5445.

John M. Maloney, M.D.
Vice President
Springfield Academy of Med.

WHAT EVERY SKIING M.D. SHOULD KNOW

Dear Hippocrat:

Winter is here and the skiing season is or will soon be upon us. This letter is written in an attempt to clarify the position of the skiing physician in the ski areas.

Gone are the days when the presence of a physician on the slopes was often needed and, for want of other trained personnel, most welcome. As the National Ski Patrol System has expanded and flourished, the need for a doctor *on* the slopes has decreased. The present patrol coverage in most ski areas is excellent. Most knowledgeable skiing physicians realize today that a well trained registered ski patrolman is better qualified to handle first aid and evacuation on a mountain than the average doctor.

The problem of the visiting doctor at a ski area has been the subject of considerable discussion by the Medical Advisory Committee of the National Ski Patrol System. Doctor Arthur Ellison of Williamstown is the National Medical Advisor of this organization and, as such, is chairman of the committee. This committee realizes that occasional problems have

arisen in the past when a well meaning physician has taken charge of a victim somewhere up on a mountain and that this action has not always been in the best interest of the patient. They feel that the average skiing physician may be far removed from his first aid training and that his experience and training in mountain first aid and evacuation may be virtually nil. Because of this, the committee has put forth some rather stringent directives to the National Ski Patrol System. I quote from their report:

"With rare exceptions, the skiing physician should become involved with on-the-hill procedures only at the request of a ski patrolman . . . the legal division of the NSPS has been requested to provide all ski patrolmen with a form to be carried in their belts and used in those rare instances where a ski patrolman feels his function is being impeded by an outside physician on the hill. This releases the patrolman from further responsibility and commits the physician to the further care of the victim, including bringing the rescue sled off the ski slope."

Although this sounds mighty unfriendly, in my opinion it is a justifiable attitude based on past unfortunate experiences. This does not mean that the physician is not wanted or needed in skiing. Certainly no physician can in good conscience ski past an unattended injured fellow skier without offering help. It is more a matter of where his special talents fit in best. Every ski area has a medical advisor whose duties include instruction of patrolmen, interpretation of techniques of first aid and evacuation, concern with safety factors and, to a varying degree, with medical care. It is at the level of advisory assistance that the skiing physician is most welcome. There are many compensations for working with this extraordinarily fine group of young people comprising the six patrols.

One other point should be mentioned. As more and more skiers flock to the hills, we are seeing more accidents and, unfortunately, more litigation. Although I personally know of no doctor so involved, it is a potential threat. Action is underway to modify the Good Samaritan Law in this state to include protection for the physician who renders emergency care in athletic contests, catastrophies, on ski slopes, etc. At the present time, a doctor is protected from malpractice suits for treatment only at vehicular accidents. Pending further clarification of legal attitudes regarding emergency treatment given on a ski slope by a visiting physician, I would recommend to my fellow physician skiers the use of common sense, prudence and restraint. The safest policy to follow is friendly cooperation with the ski patrol.

I would strongly recommend also that those of you in skiing brush up on first aid procedures, particularly in relation to skiing problems. If you are interested in ski patrol activities, Red Cross refresher courses, unsophisticated as they are but required annually for ski patrolmen, are being given this fall. Later in the year, some time after the first snowfall, a hill course under actual winter and mountain conditions will be held at the Mt. Tom Ski area. These courses are pre-requisites to National Ski Patrol registration. Both Red Cross and National Ski Patrol officials have assured me that interested physicians will be most welcome.

Robert D. O'Malley, M.D.

AD ASTRA

My consort at long last agreed to let
Us fly to that charmed spot where angels dwell
On earth,—so natives say. We soared by jet
Five miles and more above earth's wrinkled shell
Up toward the pearly gates like a satellite
In orbit. Far below lay jagged crests,
The Great Divide's rough pasturage,—a sight
That startled earth-bound eyes in awe arrests—,
And sheep-like clouds, some titans' shepherding.
But fast-closed, lucent gates of heaven must mean
That we should seek another reckoning
And find the lodestar shepherds erst had seen;
Then vitalize our scientific quests
With faith renewed in Him whose birth brought hope
To all the world, whose message still suggests
For us the best and simplest horoscope.
We like to think that modern men excel,
But why can they not learn to live so well?

E. P. B.

COVER: Designed and sketched by Dr. Edward P. Bagg.

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